## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

Application or Docket Number

10/519214

|   |  |   |  |                                       |                     |                                  |       |                     | <u> </u>               |          |                     |                        |
|---|--|---|--|---------------------------------------|---------------------|----------------------------------|-------|---------------------|------------------------|----------|---------------------|------------------------|
| CLAIMS AS FILED - PART I  |  |   |  |                                       |                     |                                  |       | SMALL ENT           | רדון<br>אווי           | OR       | OTHER               |                        |
| <b> </b>  |  |   | (Column  | 1)                                    | . ((                | Column 2)                        | 1     |                     |                        | ٠.٠<br>1 | -mall (             |                        |
| U.S   | . NATIONAL S                                   | STAGE FEES                                |  | · · · · · · · · · · · · · · · · · · · | <u>.</u>            |                                  |       | RATE                | FEE                    |          | RATE                | FEE                    |
| BASIC FEE   |  |   | SMALL ENT.                                       |                                       |                     | E ENT. = \$ 300                  |       | BASIC FEE           |                        | OR       | BASIC FEE           | 300                    |
| EXAMINATION FEE   |  |   | Salisfies PCT Ar<br>(4) = \$50                   | /\$ 100                               | •                   | ner situations =<br>100 / \$ 200 |       | EXAM. FEE           |                        |          | EXAM. FEE           | 200                    |
| SEARCH FEE  |  |   | U.S. is ISA = \$<br>ALL other cou<br>\$ 200 / \$ | ntries =                              |                     | ner situations =<br>250 / \$ 500 |       | SEARCH FEE          |                        |          | SEARCH FEE          | 400                    |
| FEE FOR EXTRA SPEC. PGS.  |  |   | minu   | ıs 100 =                              | / 50 =              |                                  |       | X \$ 125 =          |                        |          | X \$ 250 =          |                        |
| TOTAL CHARGEABLE CLAIMS   |  |   | 12 min   | nus 20 =                              | . /                 |                                  |       | X \$ 25 =           |                        | OR       | X \$ 50 =           |                        |
| INDEPENDENT CLAIMS  |  |   | m  | inus 3 =                              | . /                 |                                  |       | X \$ 100 =          |                        | OR       | X \$ 200 =          |                        |
| MUL   | TIPLE DEPEN                                    | DENT CLAIM PRI                            | ESENT  |                                       |                     |                                  | 1     | + \$ 180 =          |                        | OŖ       | + \$ 360 =          | 360                    |
| * If the difference in column 1 is less than zero, enter "0" in co  |  |   |  |                                       |                     | lumn 2                           | -     | TOTAL               |                        | OR       | TOTAL               |                        |
| 1:  | 2-14-05  | (Column 3)                                |  | SMALL E                               | NTITY               | OR                               | OTHER |                     |                        |          |                     |                        |
| NTA   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIĞH<br>NÜM<br>PREVH<br>PAID          | BER<br>OUSLY        | PRESENT<br>EXTRA                 |       | RATE                | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT   | Total  | • 9                                       | Minus  | ** 0                                  | 10                  | - 1                              |       | X \$ 25             |                        | OR       | X \$ 50 =           |                        |
| AME   | Independent                                    | • 1                                       | Minus .  | ***                                   | 3                   | <b>-</b>                         |       | X \$ 100 =          |                        | OR       | X \$ 200 =          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                       |                     |                                  |       | + \$ 180 =          |                        | OR       | + \$ 360 =          |                        |
| 1,  |  |   |  |                                       |                     |                                  |       | TOTAL ADDIT.<br>FEE | \                      | OR       | TOTAL ADDIT.<br>FEE |                        |
|   |  | (Column 1)                                | •  | (Cohu                                 | mn 2)               | (Column 3)                       |       |                     |                        |          |                     |                        |
| NT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH                                  | EST<br>BER<br>OUSLY | PRESENT<br>EXTRA                 |       | RATE                | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE |
| IDMENT  | Total  | *   | Minus  | **                                    |                     | =                                |       | X \$ 25 =           |                        | OR       | X \$ 50 =           |                        |
| AMEND   | Independent                                    | •   | Minus  | ***                                   |                     | -                                |       | X \$ 100 =          |                        | OR       | X \$ 200 =          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                       |                     |                                  |       | + \$ 180 =          |                        | OR       | + \$ 360 =          |                        |
|   |  |   |  | -                                     | TOTAL ADDIT.<br>FEE |                                  | OR    | TOTAL ADDIT.<br>FEE |                        |          |                     |                        |
| " If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "" If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".  """ If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |  |                                       |                     |                                  |       |                     |                        |          |                     |                        |